Request for Pesticide Recertification Course Credit Assignment

Complete this form to submit your pesticide education course for recertification credit approval at least 15 days prior to the course date.

Date of Course: ___________________________ Time: __________________________

Sponsoring Organization/Business: ____________________________________________

Course Name: ______________________________________________________________

Course Location (City): ________________________________________________________

This course is: ☐ open to the public ☐ closed to the public

Course Location Information

Address: ___________________________________________________________________

City: _______________________________ State: ________________ Zip: _______

Coordinator Information

Name: _____________________________________________________________________

Address: __________________________________________________________________

City: _______________________________ State: ________________ Zip: _______

Phone: _______________ Fax: _______________ Email: _______________

Agenda

The agenda should include subject matter information, the time allotted for each subject and speaker’s name and qualifications.